U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 10/614,807 **TRANSMITTAL** Filing Date July 9, 2003 First Named Inventor **FORM** Wuwen Yi Art Unit 1742 **Examiner Name** Harry D. Wilkins III

(to be used for all correspondence after initial filing)

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ENCLOSURES (Check all that apply)											
7	Fee Trans	ransmittal Form			Drawing(s)		After Allowance Communication to TC				
	Fe	Fee Attached			Licensing-related Papers	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
\	Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority  Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts  under 37 CFR 1.52 or 1.53		L	Petition Petition to Convert to a Provisional Application Power of Attorney, Revoc Change of Corresponder Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table o marks mer No. 021567	nce Address	Chec	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter Other Enclosure(s) (please Identify below): turn Postcard Receipts ck for \$180.00  Form 1449 w/copy of 1 cited reference				
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Printed name Jennifer J. Taylor, Ph.D.											
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H0004116-US

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baperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known oursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/614,807 Application Number **TRANSMITTAI** Filing Date July 9, 2003 For FY 2006 First Named Inventor Wuwen Yi **Examiner Name** Harry D. Wilkins III Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1742 TOTAL AMOUNT OF PAYMENT 180.00 H0004116-US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card → Money Order None Other (please identify): Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity Small Entity** Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 600 300 250 Provisional 200 100 0 0 O 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 200 Each independent claim over 3 (including Reissues) 100 Multiple dependent claims 360 180 **Total Claims** Multiple Dependent Claims **Extra Claims** Fee Paid (\$) Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets Extra Sheets \_\_\_\_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement 180.

SUBMITTED BY		•		
Signature	Vennoly C	Tayler	Registration No. (Attorney/Agent) 48,711	Telephone (509) 624-4276
Name (Print/Type	Jennifer J Taylor, Ph.D.	///		Date March 7 2006

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